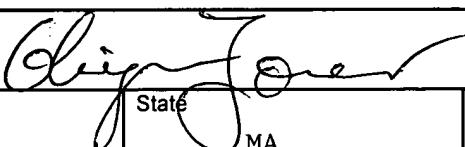




## DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Eli Zomer		Family Name or Surname Zomer	
Inventor's Signature 		Date 12/22/2003	
Residence: City Newton	State MA	Country USA	Citizenship USA
Mailing Address 374 Kenrick Street			
City Newton	State MA	ZIP 02458	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) David		Family Name or Surname Platt	
Inventor's Signature 		Date 12/22/2003	
Residence: City Newton	State MA	Country USA	Citizenship US
Mailing Address 12 Appleton Circle			
City Newton	State MA	ZIP 02459	Country USA
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



PTO/SB/81 (09-03)

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/657,508
Filing Date	September 8, 2003
First Named Inventor	Eli Zomer
Title	CO-ADMINISTRATION OF A ....
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	13192-113

I hereby appoint:

 Practitioners associated with the Customer Number:

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Eli Zomer
Signature	
Date	12/23/03
Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	David Platt
Signature	
Date	12/22/2003
Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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